



terra

Centre for pregnant & parenting teens

Donation Form

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Donation in honour/memory of: _____

Contribution of: \$25 \$50 \$100 \$250 \$500 I am pleased to contribute: \$ _____

Method of Payment

Cheque or Money Order (payable to Terra Association)

VISA MASTERCARD Expiry Date: _____ / _____

Credit Card #: _____

Signature: _____

Monthly Giving Option

I would like to make a monthly donation. I authorize Terra to debit \$ _____

on the 1st day of each month beginning _____ for _____ months
Month Year

VISA MASTERCARD Expiry Date: _____ / _____

Credit Card #: _____

Signature: _____

Please direct my donation to: Terra (General) Specific Program: _____

Thank you for your donation. Please fax your completed form to 780.425.5160

I do not want my name published as a donor.

All donor information is confidential. We do not buy or sell donor names.
Registered charity #: 11921 0417 RR0001. Donations are tax-deductible.